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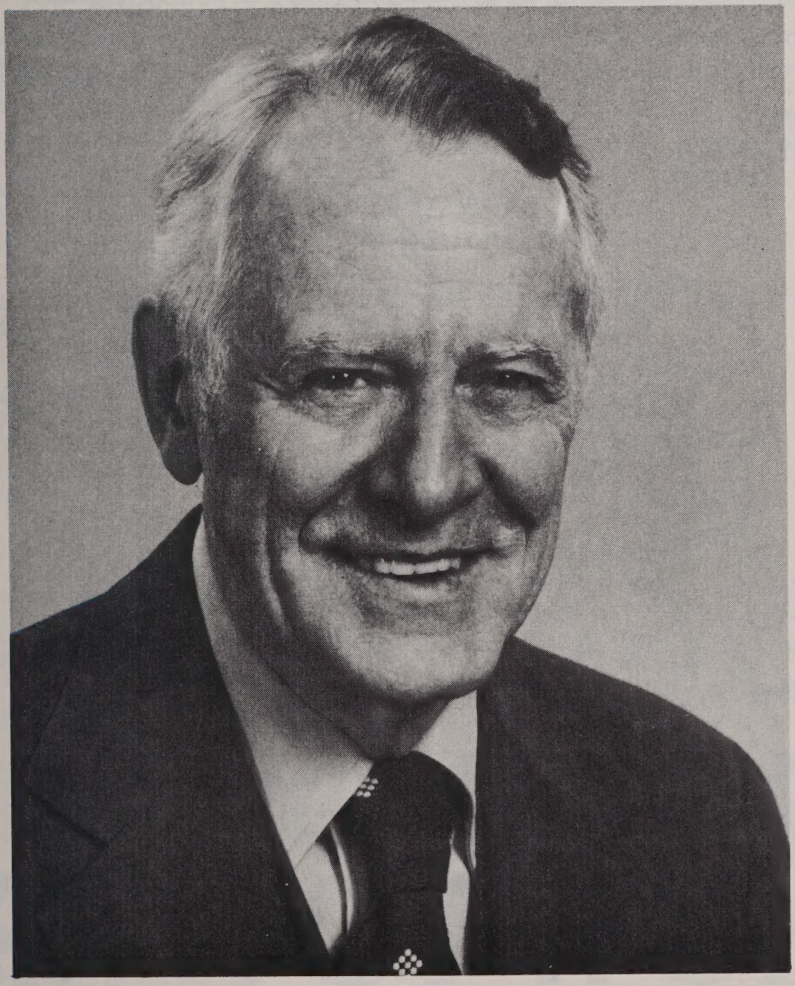

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PRESIDENT AMA 1977 - 78

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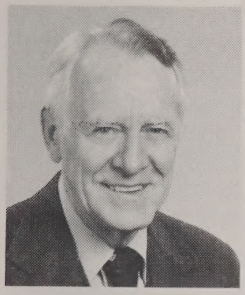

WHAT THE AMA IS FOR

JOHN H. BUDD, M.D.
PRESIDENT
AMERICAN MEDICAL ASSOCIATION

Most physicians are aware of recent AMA efforts--especially our courtroom efforts--to rein in galloping government and thus blunt the hazards posed for physicians and patients in America.

Certainly the burgeoning growth of government involvement in our lives, including our medical lives, is characteristic of our time. And we have no choice but to oppose government where it threatens the quality of care.

Unfortunately, however, this has created the mistaken notion that the AMA is primarily negative, a delusion that our critics have been quick to reinforce.

Controversy, after all, draws much public attention, while good works frequently go unremarked.

But the truth is that the AMA has either initiated, or supported a wide range of positive developments in American medicine, including reasonable government involvement in our medical care system.

The AMA today, as it has in the past, still resolutely follows its founding pledge "to better the public health, and promote the art and the science of medicine."

Just since the end of World War Two, we have made many positive contributions to the efforts to combat VD, drug abuse, alcoholism, and the pollution of our environment.

Within the past few years, we have initiated or supported programs--inculding government programs--to upgrade care for the emotionally ill, the prison inmate, the American Indian, the migrant worker, the rural dweller, and the inner-city resident.

Within the past year, the AMA's position on excessive violence on television has drawn favorable attention.

In the present Congress, we have supported positive programs or

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proposals such as those to continue financial assistance to medical schools and students, to improve emergency care in local communities, and to upgrade care for mothers and children, and for crippled children.

At their two most recent meetings, AMA Delegates pledged to cooperate with other concerned segments of our society to better educate the public to the hazards of smoking, directed the AMA to undertake an evaluation of the health hazards of nuclear, fossil and alternate sources of energy, and voted to alert the public through AMA publicity of the relationship between sodium in the diet and possible hypertension.

And this is not to mention our continuing contributions to the art and the science of medicine, such as the doubling in the number of continuing medical education courses offered the membership within the past three years, AMA-ERF guarantees for about $77 million in medical students loans since 1952, and more than $28 million in unrestricted grants to medical schools.

The crucial point I want to make, however, is that such positive programs and proposals also exist at the local medical society level. In fact, very often AMA programs emanate from, and are carried out by, local societies.

And physicians not only should be aware of what the AMA, and their local and state societies, are for, but they should inform the public as well.

Because in our society, public credibility is the lifeblood of private institutions. □

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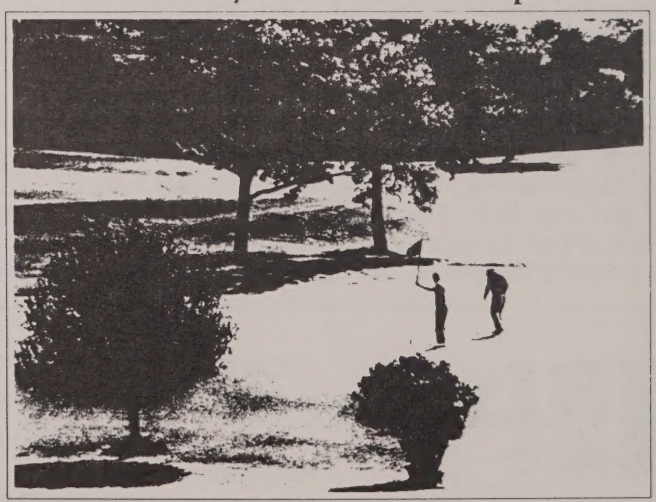

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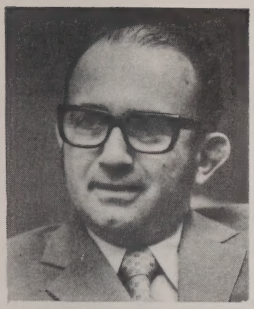

THE VOICE OF MEDICINE?

JAMES H. SAMMONS, M.D.
EXECUTIVE VICE PRESIDENT
AMERICAN MEDICAL ASSOCIATION

That's you. Your voice. Your beliefs, your attitudes, your opinions. And your voice can be heard or it can be silent.

Whether we at the American Medical Association know how you feel depends upon how active and involved and vocal you are at the local medical society level. We represent you, as we represent all physicians. But how effectively we follow your wishes depends to a large extent upon whether or not we are getting your message.

Thus far this year the AMA has challenged or supported numerous legislative moves at all levels of government. Did you approve or disapprove of our actions? Were you even aware of them? At the 126th annual convention of the AMA in San Francisco, the House of Delegates approved, amended, filed, referred, withdrew or rejected more than 150 resolutions. Do you have any knowledge of the variety of topics considered? Do you agree or disagree with our judgement?

The mandate for action -- or the decision not to act -- must originate, at times, at either end or in the middle of the medical triumvirate consisting of the county medical society, the state medical society and the AMA. It is as important for the county level societies to be strong and well-coordinated and close-knit as it is for the state societies to be vital, functioning, representative bodies as it is for the AMA to be the umbrella organization.

Your local society represents you, whether you are or aren't active, whether you are or aren't a member. Is it representing you adequately, accurately and effectively? If so, you should be in there supporting local activities; if not, you should be in there working to change attitudes and efforts.

Whatever the present threats to the private practice of medicine--and they are many and they are real--you are still, by and

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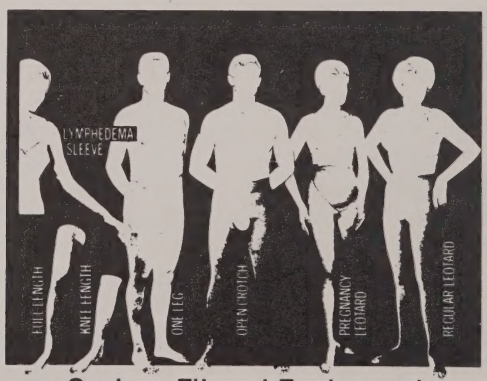
large, practicing where and how you wish in a free society. That is not happenstance. A good many of your fellow physicians--at all levels--have been working overtime to see that you are not stripped of that professional liberty you now enjoy. They are representing you, with or without your assistance. With your participation, your involvement, they could be even more effective.

There are many physicians who are uncomfortable with the term "organized medicine," feeling that it brings to mind noisy, clamoring, militant movements. If you are not at ease with that term, so be it. But without organization at the county, state and national levels, it is virtually impossible to bring about desirable change or prevent undesirable alterations in the practice of medicine. On broad, legislative issues, AMA effectiveness is in direct ratio to the unanimity we present. Our achievements are dependent upon a united position.

It is easy to sit on the side and smugly say "I told you so" when an endeavor is unsuccessful. But there is little satisfaction, I think, in congratulating oneself for not having been involved. There is surely greater fulfillment in having put forth your very best judgment and effort in challenging a course of action deemed unacceptable, even though the campaign fell short of victory. And nothing can match the gratification of having waged a winning battle--of seeing that what is right and fair prevails. If enough people care, if enough people are willing to fight for something, it can be achieved.

And who are enough people? Individuals, obviously.

Like you. □



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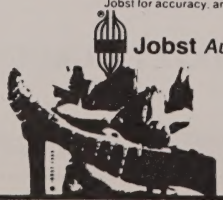

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ORGANIZED MEDICINE'S FEDERATION AND COMMUNICATIONS

GENE SCOTT
DEPARTMENT OF
FEDERATION COMMUNICATIONS
AMERICAN MEDICAL ASSOCIATION

Before discussing **what** the AMA's Department of Federation Communications does, it is important to comment on **why** the Department has been created.

As the title implies, our basic purpose is to enhance communications within the Federation. By that I mean, AMA communications to component medical societies, and from component societies to the AMA. Unfortunately, this can be as difficult as it is crucial.

It is difficult because organized medicine is a Federation, and a federated structure, by definition, tends to inhibit communications. The problem is as old as civilization itself. It affected the city-states of ancient Greece, just as it affects the federated government of our own nation today, as well as private associations such as the AMA.

Each unit in a federation tends to be preoccupied with its own concerns. Hence, AMA leaders tend to be concerned with national events, including legislation, state leaders with state concerns, and local medical society leaders with local concerns.

This is in large degree inevitable, even beneficial. The only people who really understand local problems, for example, are local people. Thus they can best fashion effective solutions. But carried to an extreme, such parochialism can be detrimental in two ways.

First, it tends to isolate each unit of the Federation, concealing the fact that many Federations concerns are mutual. A state society, for example, can embark on an arduous campaign to secure changes in a state's Medicare program, only to have the gains nullified by Medicare legislation enacted at the national level. In short, mutual problems require mutual effort in their resolution.

And second, medical parochialism dilutes the strength and effectiveness of the Federation itself. Confronted with a potentially harmful program under consideration at the national level, for instance, it may be imperative that local physicians contact their own legislators to warn them of the danger.

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In like manner, if proposed state or local programs pose dangers, component societies should be able to call on the AMA for information or assistance.

Quite often, bridging this kind of gap simply involves communications. Thus, a state or county medical society planning to improve its local media relations program could utilize effective programs established elsewhere in the country. Providing that kind of information is one purpose of the AMA's Department of Federation Communications.

Conversely, the Department attempts to keep informed of the major activities of the approximately 2,000 state and local medical societies in the nation. We do this not only to provide information or assistance as appropriate, but to keep Montana informed of what has worked in Massachusetts.

As to specifics, the Department has three fulltime executives to provide this kind of liaison, primarily through the telephone and the mails. Each executive (or AMA primary contact) also travels to various assigned states throughout the year, whenever a face-to-face meeting would be more productive.

A principal objective is to serve component societies as personal contact at the AMA headquarters, to expedite their requests for information or services to the proper AMA department or division.

Earlier, I mentioned that the need for this kind of liaison is crucial. Because only a strong, informed, and unified private associations are crucial to the survival of our democracy. So it is that Oscar Handlin, the prominent American historian, has said:

"Only through the action of non-political, voluntary associatins could men check the state's power without directly opposing it. As long as men are free so to act, they cannot be reduced to the blankness of the subjects of totalitarian regimes."

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DANGER AHEAD: RATIONING OF CARE

In medicine as in other purchases, the buyer gets what he pays for. There is no steak-house medicine at hash-house prices. Prices of care cannot be harshly cut without cutbacks in the quality or quantity of care.

Those hard-boiled truths are obvious to us physicians, who deal with costs as a day-to-day reality rather than a pliable abstraction. And in its somewhat devious way, the federal government seems to perceive those truths, too.

The government's cluster of programs and proposals for containing costs is made to look like pure benefit for the patient, without any actual loss on his part. What they generally boil down to upon analysis, however, is rationing of care.

This was a central point--and a central danger--posed by Richard E. Palmer, M.D., in addressing the AMA's annual convention last June as its outgoing president. Doctor Palmer identified rationing of care as a common denominator of proposed restraints in so-called unnecessary surgery covered by public funds, HMOs, the Health Planning Act of 1974, the push for generic drugs, and the proposed "cap" on hospital charges as a prelude to the Administration's National Health Insurance proposal.

On the proposed ceiling on hospital charges, he asked:

"Is it not predictable that the most creative, resourceful, and conscientious hospitals would suffer from such economic artifice? Or that in treating all hospitals alike, the cap would penalize those that are already efficient, as a Senate health expert was quoted?"

Apropos hospitals, it also must be recognized that some lack efficiency; that some communities are over-bedded; and that costs--the Number One health-care concern of the public--can be restrained without disastrous results to quality. The medical field--through such means as the AMA's Commission on the Cost of Medical Care--must do its practical best against the economics that encourage federal rationing of health services.

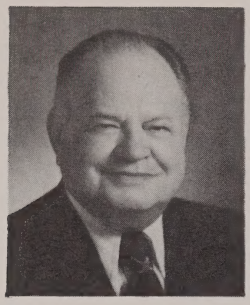
In the matter of HMOs, Doctor Palmer noted that these have been hailed on Capitol Hill as a "great piece of ammunition" against rising medical costs. But what about the amount of care? He wondered. Recent studies indicate that HMO physicians see their patients less often and give less service--including preventive care--than do fee-for-service physicians.

Shrinkage of service also could be the upshot of any NHI program that would ape Britain's National Health Service, said Doctor Palmer. For it has happened there.

As he summed up: "No individual--and ours is a nation of individuals--wants his care to fall victim to cost-effective common denominators. No individual wants his own care to be rationed."

Physicians at the local level should get this point across--as the government sharpens its ax against necessary costs. □

An Editorial
AMA



A.M.A.-SAN FRANCISCO-1977

JOHN C. AYRES, M.D.
ALTERNATE DELEGATE, MASS.
A.M.A. HOUSE OF DELEGATES

Despite air-condition and San Francisco's cool but parched weather, the air became hot and humid not infrequently in the meeting halls as the A.M.A.'s House of Delegates met in its 126th Annual Convention, June 18-23, 1977. The theme continually resounding throughout the environs was the problem of increasing government intervention into medicine. Multiple and varied moderations on how best to solve or cope with the problems were brilliantly and colorfully interjected so that the composite evolved as an exhilarating symphony manifesting democracy and responsibility in action at its best.

GOVERNMENTAL INTERVENTION

Little doubt was left in the delegates' minds concerning the portents of the Carter Administration's health policy when Joseph Califano, Jr., Secretary of HEW, at the opening session, proclaimed that the health care system will have to be greatly overhauled to satisfy the government's mandate-''quality care for all at a reasonable cost''. The health care industry must be restructured ''to organize health resources more effectively, distribute health care benefits more equitably, emphasize prevention and primary care, and establish a fair and effective system of national health insurance''. Califano criticized ''doctors, hospitals, pharmaceutical companies - all the inhabitants of this non-competitive freespending, third-party-payer world'' - for acting ''exactly as the incentives motivate them to act''. ''Conscious of quality, insensitive to cost.'' As a result, Califano claimed, health care is demanding an ever larger share of the nation's resources with no

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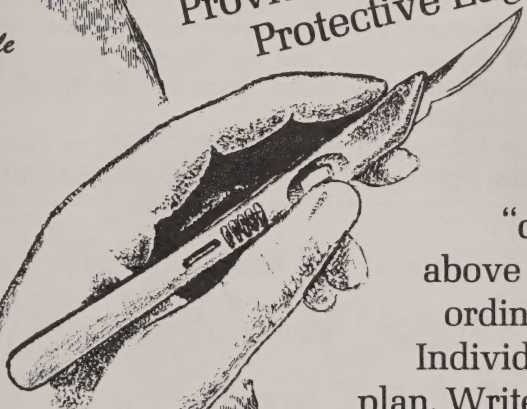

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improvement in equitable distribution or cost-effectiveness of health care services. Moreover, the government fully intends to satisfy what it perceives to be the demands of the American people to control "runaway costs" with or without the help and cooperation of the health professions via a national health insurance plan.

One delegate put it, the ultimate shape of such a plan as envisioned by Carter and Califano would place "emphasis on preventive medicine and on prepaid, prospectively reimbursed group practice".

During the same opening session, Dr. Richard E. Palmer, outgoing President of the A.M.A., in a blunt and wide-ranging speech said that the A.M.A. is "in a war to protect the overall quality and sufficiency of medical care". He warned that cost control is the latest camouflage for federal efforts to regulate the medical profession and that "cost control is people control. It is the manipulation of the receivers as well as the providers of health services" and could lead to governmentalized rationing of care.

In the light of the aforesaid, the key issues of the convention included National Health Insurance; the Federal Food, Drug, and Cosmetic Act; the National Labor Relations Act, the Health Planning Act, the Health Professions Educational Act, and the proposed ceiling on hospital costs.

Despite a concerted effort by conservative delagates for an all-out war against the government, the House of Delegates affirmed its support of the A.M.A.'s proposal for national health insurance (HR 1818 and S218) now to be called "Comprehensive Health Insurance" - and instructed the Board of Trustees that the proposal not in any way lead to "nationalization" of the private practice of medicine in America. This decision came after much emotion and rhetoric but finally yielded to the realities of life as succinctly put by Senator Robert Dole of Kansas: "Politics is the art of compromise. To follow an all-or-none approach is to risk losing everything."

The House refused to endorse legislation to remove the efficacy requirement for licensing of new drugs (HR 54-95th Congress) and

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instructed the Board of Trustees to continue its efforts to halt the lag in new American drugs and to assure the availability of safe and effective drugs.

The House reaffirmed its stand that housestaff are both students and employees, hence, entitled to bargaining rights under the National Labor Relations Act. This dual role is not mutually exclusive and does not detract from medical education. This policy is "in no way an A.M.A. endorsement of trade unionism".

Congressmen who have introduced legislation to repeal the National Health Planning and Resources Development Act (PL93-641) were commended by the House, which further instructed the Board of Trustees to monitor the implementation of the law and continue pursuing the lawsuit challenging its constitutionality.

The Board of Trustees was directed to continue monitoring legislative developments on the Health Professions Educational Assistance Act (PL 94-484) by the delegates, who, furthermore, expressed concerns over the Act's provisions that single out physicians and dentists as a specific group for invasion of privacy, that threaten support of residency training programs in preventive medicine, and that give admission preference to U.S. citizens transferring from foreign schools.

By opposing President Carter in his top priority endeavor of controlling cost by placing a ceiling on hospital costs, the delegates were, perhaps, anticipating a cap on physicians fees in the future.

MISCELLANEOUS

Amongst the many matters considered, the following are some

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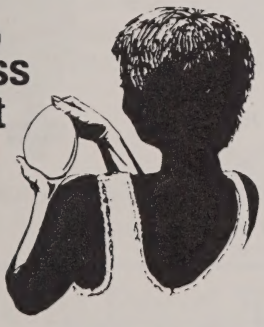

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of the more important actions taken by the House of Delegates:

(1) Adopted a policy statement on terminal illness, opposing euthanasia but approving the withdrawal of extraordinary life supports when biological death is imminent.

(2) Referred to the Board of Trustees for further study a Council of Medical Service report presenting twenty two suggested guidelines for physicians who attend patient in long-term care facilities.

(3) Endorsed the concept that the number of complete on-site hospital reviews be reduced to a minimum and that they be comprehensive enough to supply data to all legitimate agencies.

(4) Resolved that the A.M.A. define and promote for its members the legal concept of physicians as independent contractors.

(5) Recommended efforts to exact national legislation to confirm the profession's authority to develop and utilize relative value studies.

(6) Opposed the concept of mandatory consultation when required by a third party payer and supported the concept that if consulation is required, the patient be allowed to choose a physician of his or her own choice.

(7) Urged direct billing under Medicaid, as is currently allowed under Medicare.

(8) Elected H. Thomas Ballantine, Jr., M.D., of Mass. as a member of the Board of Trustees.

(9) Awarded to Franz J. Ingelfinger, M.D., Editor of the New England Journal of Medicine, the Distinguished Service Award.

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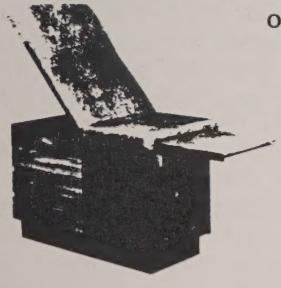

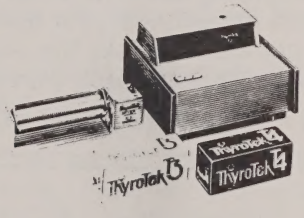

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UNITY AND STRENGTH

A trend noted of late is that more varied groups of physicians are coming under the umbrella of the A.M.A. At this convention, a new Section on Medical Schools was created thereby giving a voice in the House to academia. A plan for direct specialty society representation in the House is being assiduously investigated.

Dr. James H. Sammons, Executive Vice President of the A.M.A. appealed for greater unity amongst the medical profession in dealing with threats to the individualism of the physician by government and others for "the house of medicine" divided would be unable to combat the "cancerous, relentless blob of a force" of governmental bureaucracy. Noting that 150,000 physicians are not members of "our federation at any level", Dr. John Budd, in his inaugural address as President of the A.M.A., made a plea for maximum numerical strength as a most important factor maintaining public confidence in the profession and the A.M.A. The latter is not only important to physicians but to society as a whole. He warned of the vicious circle of "a decline in the people's sense of power and the growth of federal power - unless groups like the A.M.A. resist".

All levels of organized medicine are of you, by you, and for you. If you do not belong officially, you have no input, The profession needs you and your input, for unity and numerical strength are essential in these trying times to initiate and implement democratic and responsible action not only for your own but also for your patients' sake. So, if you do not belong, join the A.M.A., your state, and local society! And, equally as important, participate actively!

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PRESIDENT'S PAGE

"FABULOUS FABLE"

Politicians studied the polls and noted how fellow citizens accorded physicians high rank in trust and prestige. After all if physicians were at the top of the list why should politicians continue to be at the bottom, below garbage men in public trust and esteem? It rankled very much to be below garbage.

The politicians asked their theorists to study the problem. After long, careful, arduous study the theorists discovered that physicians took care of sick people and also studied their disease processes.

Some diseases were more successful than others in resisting treatment: notably cancer. So the political theorists began to study cancer cells. They noted that cancer cells rapidly proliferate and thrive; they have a short doubling time. Aha, the theorists exclaimed: the doubling time of legislative processes must be shortened so the political body can enlarge rapidly! Next the theorists noted that cancer cells are not happy to remain at their point of origin: they spread and metastasize. The theorists gloated, politicians can also spread to new areas and take over!

But politicians can't replicate like cancer cells so they decided to do what they've always done best, duplicate and deputize.

Now the theorists were momentarily puzzled. New cells need nourishment and have to steal it from other parts of the body. A lightning stroke of genius struck the theorists: they would duplicate their successes with the Postal Service, Military Medicine and V.A. Hospitals. They would finance it as successfully as they had financed the Social Security System!! The same efficiency, low cost and lack of bureaucracy could be applied to the Health Care System. Think of the patronage which would result. After all everyone gets sick sooner or later! Keynesian economics had been successfully applied to Pentagon Procurement and Welfare Programs and would give even better results when applied to Medicine.

The HSA was developed and implemented to get it to metastasize every where in the shortest time possible. The local cells got busy using up every bit of nourishment available, growing stronger and spreading everywhere. Success was ensured.

So ensured that the theorists stopped their studies, no CME or Peer Review being required of them. They never found out until too late what happens when cancer takes over the body politic. □

ROCCO A. VERRILLI, M.D.

EXECUTIVE COMMITTEE

The Executive Committee met on Tuesday, June 7, 1977 in the Conference room of the HDMS.

Present were Drs. Verrilli, Flahive, Stoddard, Remsberg, Walthall, Dasco, Bloom, Stoler, Fitzpatrick, Lynn, Magill, and Mrs. Purdy.

The minutes had been sent previously to all members of the committee and after motion duly made and seconded it was voted to accept them as written.

Correspondence

A letter of thanks from the Massachusetts Mutual Life Insurance Company on second opinions was read as informational. Mr. Tesoro assured the members that he will work closely with the HDMS.

Dr. DiGiacomo wrote giving the health tips that he had written up to be broadcast on WHYN, Ch. 40. This was considered as informational.

Dr. Stoddard wrote to Dr. Verrilli concerning the election of Dr. Grant Rodkey as Vice President of the Massachusetts Medical Society and possible conflict of interest with his board position on Blue Shield. After much discussion it was voted to send a letter to the President of the MMS, Chairman of the Nominating Committee and the Executive Councilors expressing the concern of the HDMS with the possible conflict of interest and especially in view of the suit pending against Blue Shield. Dr. Stoddard will draft this letter with the cooperation of Dr. Verrilli.

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District Meeting

of the

HAMPDEN DISTRICT MEDICAL SOCIETY

DATE:	TUESDAY, SEPTEMBER 27,1977
PLACE:	SPRINGFIELD MARRIOTT HOTEL 1500 MAIN STREET SPRINGFIELD, MASS.
BUSINESS MEETING:	**6:00 P.M.**
SOCIAL HOUR:	**7:00 P.M.**
DINNER:	**7:30 P.M.**
SPEAKER:	JOHN H. BUDD, M.D., PRESIDENT AMERICAN MEDICAL ASSOCIATION

Parking tickets will be validated at the reception desk at the meeting.

The Auxiliary to the Hampden District Medical Society is invited to attend this meeting. Dinner for members of HDMS are courtesy of HDMS. The cost for Auxiliary members is $8.00. Please remit checks with reservations.

If you must cancel your dinner reservation, call the office before noon on September 27, 1977. If cancellations are not made you will be billed for your dinner.

A second letter from Dr. Stoddard regarding possible conflict of interest of several members of the CAMSEA committee with Blue Shield was read. A motion was made proposing that a MMS committee be drawn up composed of members who are not members of Blue Shield as liaison between MMS and legal counsel in the process of bringing up the suit. Upon motion duly made and seconded it was approved by the Committee.

Dr. Elizabeth Clark wrote asking to become a Senior member and remit dues for 1977. The committee voted in the affirmative.

Dr. Keating asked to resign from HDMS as he intends to enter military service at Tripler Hospital in Hawaii. The committee voted in the affirmative.

Dr. Delerzon wrote asking for a remission of dues due to illness. The committee voted in the affirmative.

The membership committee of the MMS sent a report of a meeting held in May. They are asking each district to set up a membership committee and intend to hold a meeting in September and invite all chairmen of these committees. The committee also voted to recommend to the council that the Resolution sent in from HDMS on unified membership be rejected.

Old Business

The CME trip to St. Maarten's island booked for January 15, 1978 has been approved in the affirmative by the AMA. They stated that if the credits are approved the trip will be approved. A letter has been sent to Dr. Friedman of Baystate Medical Center and a copy will be sent to the HDMS office.

The last response to the inquiry to hospitals regarding radiation treatment was sent in by Providence Hospital.

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A letter sent to Dr. Flahive, President of the Academy of Medicine from Dr. Fitzpatrick was read. Dr. Fitzpatrick gave a report that he will be meeting with Attorney Milstein and Mr. George Allen, the auditor on June 22, 1977 and will report back to the Executive Committee in September.

The statement made by Dr. Bloom, PR Chairman, relating to hospital beds was read to the committee. This statement was sent to all news media. The television stations and radio WSPR and WHYN responded by broadcasting this message. It was agreed that more of this should be given to the news media.

Dr. Verrilli gave a report of the recent Hampden Hippocrat meeting held. Dr. Stevens is resigning because he will be leaving the area. He stated that Dr. Simpson had called him and asked what he thought of Mrs. Purdy being Editor in Chief of the Hampden Hippocrat. The Executive Committee voted in the affirmative for this assignment with the proviso that the additional work would not interfere with HDMS requirements. Mrs. Purdy suggested that she try this until January, 1978 on a trial basis and report back to the Publications Committee.

New Business

Dates and places of district meetings was discussed. Mrs. Purdy pointed out that Mr. Bill Cavanaugh of Storrowtown Tavern was very cooperative on meetings. The accoustics of the Barn are not the best and could be improved. The first meeting will be held at the Marriott Hotel as the Exposition closes two days before and the Barn will not be ready. It was suggested that the wives be invited to attend the first meeting when Dr. Budd, President of the AMA will be attending.

The WMHPC sent notices about the Primary Care Center to be built in Chicopee by the Holyoke Hospital. The committee disapproved of this and a letter will be sent which will be carefully drafted in opposing this center.

A letter was received from Westover Air Force base looking for physicians who would participate with the reserve one week end a month and two weeks in the summer. This could be printed in a Newsletter of the H.D.M.S.

Dr. Verrilli asked if there was any new business. Dr. Stoddard presented a plan of insurance through the Chamber of Commerce with a national insurance carrier. This will be reviewed by the Insurance committee and the committee will be asked to consider the Mass. Mutual plan.

Dr. Dasco suggested more communication between the HDMS and the MMS councilors. Replacements on the Council for Dr. Paul Moore and Dr. James Allan were discussed.

There being no further business the meeting was adjourned at 9:55 P.M. □

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INFLUENZA

Influenza appears in Massachusetts each year in greater or lesser intensity. This year will be no exception. Massachusetts can expect some cases of A/Victoria flu or one of its offsprings, A/Texas, as well as a few cases of influenza B. But no widespread or severe epidemic is expected because thus far no major shift or change in the A influenza virus has been observed anywhere in the world. The flu season usually begins between Thanksgiving and Christmas and lasts until the middle of March.

While some medical authorities disagree on the need for annual immunization against the flu this fall (J.A.M.A. 6/27/77), the U.S. Public Health Service is recommending annual immunization for the following groups of people:

1. Persons in the older age group particularly over 65 years of age.
2. Persons in nursing or convalescent homes, rest homes and other facilities where elderly people may be residing.
3. Persons of any age who have chronic disease, such as cardiovascular, pulmonary,renal or metabolic disorders. These include patients with:
   (a) rheumatic heart disease, arteriosclerotic heart disease, hypertensive heart disease and congenital heart disease.
   (b) asthma, chronic bronchitis, bronchiectasis, pulmonary-fibrosis, pulmonary emphysema and pulmonary tuberculosis.
   (c) chronic nephritis or other kidney disorders.
   (d) diabetes and Addison's disease.
4. Vaccination should also be considered for persons who provide essential community services such as those employed by the police and fire departments, mass transit, public utilities, and medical personnel, particularly hospital personnel.

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The influenza vaccine sold on the market this year will be bivalent and incorporates strains of Types A and B. The formula for the vaccine follows:

Type	Strain	CCA units per dose
A	A/Victoria/3/75	200
B	BHong Kong/5/72	200

The 1977-78 vaccine will be available in ''split-virus'' preparations. Split-virus vaccines, which contain antigens produced by chemically disrupting the influenza virus, have been associated with somewhat fewer side effects than whole-virus vaccines, particularly in children. However, the split-virus vaccines appear to be somewhat less effective in eliciting antibodies when given as a single dose to persons who have not been ''primed'' by exposure to related viruses in nature or through vaccination.

Vaccine should be given as soon as possible after September 15, 1977 because flu appears about Christmas time. A single injection of bivalent whole virus vaccine should be administered either for primary or annual booster immunization for those 18 years and older and split virus vaccine for those under 18 years as in the following table. Intracutaneous administration is not recommended.

AGE	PRODUCT TYPE	DOSE VOLUME (ML)	TOTAL CCA UNITS	NUMBER OF DOSES
18 YEARS AND OLDER	WHOLE-VIRUS OR SPLIT - VIRUS	0.5	400	1
6-17 YEARS	SPLIT- VIRUS	0.5	400	1
3-5 YEARS	SPLIT - VIRUS	0.25	200	2 (4WKS.APART)
6-35 MONTHS	SPLIT - VIRUS	0.15	120	2 (4 WKS. APART)

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The bivalent flu vaccine is produced in chick embryo and should not be given to those who react allergically to eggs or egg products. Any acute respiratory disease or other active infection is sufficient reason for postponing immunization.

Reactions to Vaccine:

1. Fever, malaise, myalgia, and other systemic symptoms of toxicity starting 6-12 hours after vaccination and persisting 1-2 days.
2. Immediate presumably allergic-responses, such as flare and wheal or various respiratory expressions of hypersensitivity.
3. Guillain-Barre syndrome, usually a self-limited paralysis, is observed within 8 weeks after influenza vaccination in approximately 10 of every million persons vaccinated. It also occurs, but less frequently, in unvaccinated persons.

GAMMA GLOBULIN AND IMMUNIZATIONS

With the increase in international travel and the number of questions asked by physicians and patients, this guide on the use of gamma globulin and immunizing agents is currently recommended.

All diseases for which active immunizing agents exist may be divided into two groups:

Group "A" diseases, those diseases against which gamma globulin contains significant levels of antibody (diphtheria, pertussis and tetanus, smallpox, polio, typhoid, measles, mumps and rubella).

Group "B" diseases, those diseases, against which gamma globulin contains no or only insignificant levels of antibody (yellow fever, plague, typhus and rabies).

If gamma globulin is given first, immunization against Group "A" diseases must be deferred for thirty days.

Gamma globulin may follow booster doses against Group "A" diseases by an interval of only seven days.

Gamma globulin may be given simultaneously with, or preceding or following, Group "B" diseases without regard for the time interval.

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PUBLICATIONS COMMITTEE

In October 1976 Dr. Bruce B. Stoler, President of the HDMS, appointed "a Study Committee to look into the feasibility of a Publications Committee for HDMS", and chose as members Drs. John Remsbert, Walton E. Stevens, Joseph Greenspan, Bernard Bloom John Ayres and Howard Simpson as chairman. The charge to the Committee was as follows:

> This committee shall consider the pro's and con's of setting up within HDMS a Publications Committee to act as a board of trustees with respect to the publication of the Hippocrat, concerning itself with Hippocrat personnel, its general activities during the year and its financial status, among other things, and to provide for any other publication needs of the society as they may be approved by the society from time to time.

This ad hoc committee met and agreed that the objective was worthy, namely that the Editorial Board of the Hippocrat should not be additionally burdened with the business of operating the periodical, and furthermore any other publications should not be its responsibility.

The Executive Committee approved the recommendations of the ad hoc committee, by-law amendments were drawn up and approved by the society and the new President, Dr. Rocco Verrilli appointed the following members:

Dr. William Baker to serve five years
Dr. Richard Baldwin to serve four years
Dr. Walter J. Pacosa to serve three years
Dr. John C. Ayres to serve two years
Dr. Howard N. Simpson (Chairman) to serve one year

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OCTOBER MEETING

Tuesday, October 11th.

Speaker: WILLIAM H. THOMAS, M.D.
Brigham Orthopedic Associates
Boston

Topic: "MODERN CONCEPTS IN SURGERY OF RHEUMATOID ARTHRITIS".

The committee has had an active post-natal period, and it is to be hoped that this was not merely thrashing around, as is so often the case. Dr. Walton E. Stevens, who has served so ably as Editor in Chief for the past four years, is leaving the area, and submitted his resignation to take effect following the appearance of the Summer 1977 issue. Vivian Purdy, Executive Secretary of the HDMS has consented to serve as Managing Editor. Dr. Joseph B. Greenspan, who for many years has been Secretary and Business Manager of the Hippocrat also resigned and Alicia Willard, who has been Joe's hard working assistant for some time, is currently handling those duties. Changes in printing arrangements are also under consideration.

Because of the evolution in the political economics of medical practice in our area as well as nationwide, the Publication Committee is anxious that the Hampden Hippocrat maintain an up-to-date stance in this changing scene. The suggestion has been made that we might lessen our provincialism by dropping "Hampden" from our title and at the same time inviting the other three district societies in Western Massachusetts to join us in circulation, in contribution of news and opinion, and in advertising income. This project is currently under consideration by Berkshire, Franklin, and Hampshire.

One of the functions of the Publications Committee is to appoint the Editorial Staff. We welcome suggestions and ask for volunteers. "Full many a flower is born to blush unseen", but it need not be. We need photographs, illustrations, ideas. Give us a hand! □

HOWARD N. SIMPSON, M.D.
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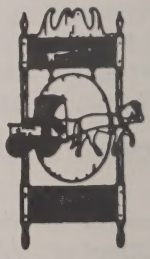

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A HALF OPEN LETTER TO GOVERNOR DUKAKIS

Dear Governor Dukakis:

Now that you have established a precedent by making a proclamation removing "any stigma and disgrace" from the names of convicted murderers Nicola Sacco and Bartolomeo Vanzetti, it would appear that a similar act might be appropriate in the case of Dr. Benjamin Church, who as you may recall was charged with treason, offered no defense other than his own protestations of loyalty, and convicted by a board of general officers thoroughly convinced in advance of his guilt.

Inasmuch as there has been far less opportunity in recent years for posing and publicity in the case of Dr. Church than in the more recent instance, a brief recollection might be in order.

Dr. Benjamin Church, the first surgeon-general of the American Army, was born in Newport, R.I. August 24, 1734. After graduating from college he studied medicine under Dr. Joseph Pynchon, formerly of Springfield, and then continued his studies in London. In 1773 Church, who by then was an outstanding practitioner in Boston, was orator at the Commemoration of the Boston Massacre. In 1774 he became a member of the Provincial Congress of Massachusetts and when in the summer of 1775 George Washington started his long journey from New York to eastern Massachusetts to take command of the colonial forces Dr. Church and Moses Gill were designated as an honor guard to meet the new leader in Springfield and conduct him to Cambridge.

Three months later Washington was handed a document intercepted at Newport and intended to be delivered by the British Navy to an officer in Boston. The letter was in code and when it was discovered that it had been sent by Dr. Church he was immediately arrested, whereupon he promptly admitted to the authorship. The decoded message turned out to be a highly inaccurate description of the munitions available to the colonial troops.

Washington, thoroughly convinced of the doctor's guilt, quickly assembled a board of general officers. No attorney appeared in behalf of the accused, and in his own defense he argued that he had written the note purposely in an attempt to persuade the British that the Americans were too strong to attack and in the hope that General Gage might be influenced to withdraw from Boston without further bloodshed.

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But everything was against Dr. Church. He had tried to communicate with the enemy in a most elaborate and secret fashion. He had transmitted information about military supplies. He was on friendly terms with a British officer--they had been seen dining together--and finally, he had an expensive mistress--as if there were any other kind! So he was found guilty, jailed in Connecticut, subsequently paroled and allowed to sail to the West Indies, but was lost at sea. For the last 200 years historians have invariably dismissed him with one word--traitor.

One distinguished contemporary wasn't sure. John Adams said the letter "is the oddest thing imaginable. There are so many lies in it, calculated to give the enemy a high idea of our power and importance, as well as so many truths tending to do us good, that no one knows not how to think him treacherous....I endeavor to suspend my judgment." A century and a half later Dr. Timothy Leary, Medical Examiner of the Southern District of Suffolk County completed a painstaking research into the life records of Dr. Church. In regard to the captured document Dr. Leary wrote, "This letter was written at a time when the American Army at Cambridge had but three rounds of ammunition per man. If General Gage had had that knowledge he could have wiped out the American Army overnight. Church's letter, written on his return from a trip to Philadelphia as the representative of the Provincial Congress to the Continental Congress, states that the colonials had many powder mills and that he had seen 100 cannon at Providence."

Among the Gage Papers deposited in the Clements Library at Ann Arbor is a document now cited as the ultimate proof of Church's perfidy. It is an unsigned letter obviously written by Church in which he complains about having to travel to Philadelphia to bear despatches. This is the trip referred to above by Dr. Leary, and although this material would not have been available to him in his research, it confirms only that the doctor had been successful in communicating with Gage, but contained nothing of strategic value to the British. Perhaps they were just being set up for the next communication.

It is understood, Governor Dukakis, that in the Sacco-Vanzetti proclamation you committed yourself only in the matter of whether the trial was fair, and not in the matter of guilt. That was just as well. Sacco was guilty of murder, at least his own defense lawyer admitted many years later that he believed him to be. Furthermore some time after the trial when the science of ballistics had reached a high level of perfection it was demonstrated that the gun found in Sacco's possession was the one from which the fatal bullet had been fired. You might contend, Governor Dukakis, that you would have no authority to question the findings of a military court-martial held 200 years ago. By the same token, what right did you have to pass judgment on a trial held more than fifty years ago when the defense attorney told the presiding judge that the defendants had had a fair trial in his court?

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Benjamin Church was a scholar, writer, poet, orator, and skilled physician. He was no warrior. A few weeks before penning the famous letter he was stunned by the death in combat of his good friend Dr. Joseph Warren at Bunker Hill. Undoubtedly he was impressed with his own power, conceited in his belief that alone he could alter the course of on-rushing events, and avoid a tragic conflict. He did communicate with the enemy, but he communicated falsehoods rather than facts. His action was unsuccessful and unwise, but was it treason?

One final point, Governor Dukakis. The medical profession has lived under this cloud of "stigma and disgrace" due to the actions of one of its members for 200 years. There are roughly six and a half million people in this Commonwealth and only about ten thousand physicians. Now if you would care to do something for a greatly maligned and abused minority group.... □

HNS

LETTER TO THE EDITOR

To The Editor:

In the March 1977 issue of the Hampden Hippocrat, Dr. Roberta Berrien authored an article "Doctors and Drug Companies". As a sales representative for a pharmaceutical company, I would like to respond to several of Dr. Berrien's comments.

Dr. Berrien throughout the article is highly critical of the role and integrity of the pharmaceutical salesman. We are described as individuals who are pitchmen, and are unreliable and untrustworthy sources of information. On the contrary, the pharmaceutical salesmen whom I have known in the Springfield area - many for over ten years, are a dedicated group of men and women with high ethical standards. All are college graduates, with several being registered pharmacists, and many others having masters degrees. The education of a pharmaceutical salesman is a continual process, with several having achieved certification through the Certified Medical Representatives Institute, a three year course of study.

Pharmaceutical salesmen do not profess to be research investigators or physicians, and therefore their knowledge is limited. The product claims and adverse effects are established by the package inserts.

However, if a question arises that can not be answered by the salesman, the medical departments of the drug companies will always supply the physician the answers that he or she requests. The drug

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salesman, however, is an authority on his company's products, and the physician should acknowledge this fact.

Dr. Berrien is also critical of physician speakers and symposiums that are financially supported by drug companies. The inference is that such medical speakers prostitute themselves for an honorarium and expenses. On the contrary, I maintain that no physician would compromise his moral values for such fees.

The drug company of which I am employed has supported medical speakers and symposiums for many years. These programs have allowed medical societies and hospitals to have speakers, many from distant areas, for their education purposes. In most cases, the society or hospital would not be able to avail themselves of these speakers because of budget limitations. Those local institutions which have had such speaker programs have included the Springfield Academy of Medicine, Mercy Hospital, and the Baystate Medical Center. I believe that a check with them will ascertain that such speaker programs and symposiums have been conducted on a professional level.

Regarding other points in Dr. Berrien's article, I am in agreement with her. No samples should be left in a physician's office unless requested, and in fact, a signed authorization is now required. Gifts, such as desk sets, stethoscopes, etc. should not be given. In recent years, such gift giving has been greatly reduced because of the criticism leveled upon this act. I suspect that in the near future samples of prescription drugs will be eliminated. If the cost of medications can be reduced by the elimination of samples and gifts, this is certainly a desired goal. □

Sincerely yours,

George E. Shippey

58 Four Bridges Road
Somers, Conn. 06071

H.D.M.S. ITEMS

The Peer Review Committee was not printed in the Summer issue as it was not fully appointed. Dr. Aaron M. Leavitt is Chairman and the following physicians are on the committee:

John F. Brennan
Thomas J. Keenan
Kermit L. Kenler
Frederick C. Schwendenmann
William W. Walthall, Jr.
Edmund J. Zielinski
Dr. Leavitt has been appointed to be on the state committee.

Two physicians have been named by Dr. Verrilli to fill the two vacancies on the Council and were approved by the Executive Committee at a special meeting held in July. They are John J. Flahive and Charles J. Leagus.

The Joint Commission on Accreditation of Hospitals has informed HDMS that the Soldiers' Home of Holyoke and the Brookwood Court Nursing Home in Holyoke have been accredited.

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